

# Registered pharmacy inspection report

**Pharmacy Name:** Daynite Pharmacy, 261 London Road, Hadleigh,  
BENFLEET, Essex, SS7 2BN

**Pharmacy reference:** 1030985

**Type of pharmacy:** Community

**Date of inspection:** 29/05/2019

## Pharmacy context

The pharmacy is located on a busy high street in a town centre surrounded by residential premises. And it is near to a surgery and open until late. It supplies multi-compartment compliance aids to around 25 people who live in their own homes to help them take their medicines safely. The people who use the pharmacy are mainly older people and families. The pharmacy supplies travel vaccinations without the need for a prescription.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally identifies and manages the risks associated with its services. It generally protects people's personal information. And it actively seeks feedback from the public. The pharmacy largely keeps the records required by law, but they are not always complete. So, they may be less reliable in the event of a query. Team members understand their role in protecting vulnerable people. And they know how to protect people's personal information.

### Inspector's evidence

The pharmacy adopted some of the measures for identifying and managing risks associated with pharmacy activities. The pharmacist said that she was in the process of updating the standard operating procedures (SOPs). These were not available to inspect during the inspection. The pharmacist said that she had a copy on her laptop and that she would ensure that these were available at the premises in future. Not having a copy of the SOPs available at the pharmacy may make it harder for the pharmacy team to know what the right procedures are. The pharmacist said that near misses were highlighted with the team member involved at the time of the incident. But these were not recorded or reviewed for trends and patterns. This may make it harder to analyse these events for trends or patterns and monitor the effectiveness of any mitigation. The superintendent (SI) pharmacist said that he was not aware of any dispensing incidents at the pharmacy. He said that he would make a record of any incidents, carry out an investigation and take steps to help minimise the chance of a similar incident.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped team members to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks. The pharmacist said that the pharmacy would not open without a pharmacist. Team members did not have access to the pharmacy before the pharmacist turned up. The pharmacy had current professional indemnity and public liability insurance in place.

Records required for the safe provision of pharmacy services were available though not all elements required by law were complete. The emergency supply record was completed correctly. And all necessary information was recorded when a supply of an unlicensed special was made. Signed in-date patient group directions were available for the services offered. The private prescription record was not up to date and there were several prescriptions that had not been recorded in the book. Supplies had been made against these more than one day ago. Several private prescriptions did not have all the required details, including; date written, address of patient, address of prescriber. The SI said that he would remind all pharmacists to ensure that prescriptions were legally valid at the time of supply. Controlled drug (CD) running balances were checked around once every few months. The address of the supplier was not recorded in the register. The recorded quantity of one item checked at random was the same as the physical amount of stock available. The correct responsible pharmacist (RP) notice was clearly displayed. But the pharmacists did not usually complete the RP log when they ended their shift. The SI said that he would ensure that the log was completed correctly.

Confidential waste was shredded and the people using the pharmacy could not see information on the computer screens. Computers were password protected. Smart cards used to access the NHS spine

were stored securely and team members used their own smart cards during the inspection. Dispensing labels on bagged items waiting collection were visible from the medicines counter. The SI said that he would ensure that these faced away from the people using the pharmacy.

The pharmacy carried out yearly patient satisfaction surveys; results were available on the NHS website. The survey showed that 100% of respondents were satisfied with the pharmacy overall. The SI said that he was not aware of any complaints. A complaints procedure was available. The pharmacist said that team members knew to refer any complaints to a pharmacist.

The pharmacists had completed the Centre for Pharmacy Postgraduate Education (CPPE) training about protecting vulnerable people. The pharmacist could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people. The superintendent pharmacist said that there had not been any safeguarding concerns at the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough trained team members to provide its services safely. Team members can raise any concerns or make suggestions and have regular meetings. There are plans to implement regular training and performance reviews for team members. This would help to ensure that their skills and knowledge are up to date.

### Inspector's evidence

There were two pharmacists working during the inspection, and one of them was the SI. They worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed.

The pharmacists appeared confident when speaking with people. The SI was aware of the restrictions on sales of pseudoephedrine containing products. The pharmacist said that she would be aware if a person regularly requested to purchase medicines which could be abused or may require additional care. She said that she would refer these people to other healthcare providers where needed. Effective questioning techniques were used to establish whether the medicines were suitable for the person.

The SI said that team members were not currently provided with regular structured training. He said that this was something he planned to implement. He said that he ensured that team members were aware of updates and changes to regulation as and when they occurred. He confirmed that he had recently completed some training on valproate medicines, pregabalin and gabapentin. And he had completed some management training. The pharmacists said that they had completed the revalidation process. The pharmacist said that the locum dispenser had completed an NVQ level 2 pharmacy qualification. Both pharmacists said that they had completed consultation skills training and declarations of competence for the services offered.

The SI said that there were monthly team meetings. He said that these happened when the pharmacy was closed so that all team members could attend. He took over the pharmacy around eight months ago from his brother. And he confirmed that he planned to carry out appraisals and performance reviews for team members. Targets were not set. The SI said that he carried out the services for the benefit of people using the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises generally provide a safe, secure, and clean environment for the pharmacy's services.

### Inspector's evidence

The pharmacy was secured from unauthorised access. The pharmacist had a clear view of the medicines counter from the dispensary. She could listen to conversations at the counter and intervene where needed. Pharmacy only medicines were kept behind the counter.

The pharmacy underwent a refit around eight months ago. It was bright, clean and tidy throughout; this presented a professional image. The SI said that air-conditioning was due to be installed. The room temperature was suitable for storing medicines on the day of the inspection.

There was one chair in the shop area. This was positioned away from the medicines counter to help minimise the risk of conversations being heard. The consultation room was accessible from the shop area. The room was accessible to people using a wheelchair. Low level conversations in the consultation room could not be heard from the shop area. There were two chairs and a desk available. The computer was not kept locked when not in use. But there was no personal information accessible on it. There was an open clinical waste bin and a sharps bin on the floor. There was exposed clinical waste and potentially accessible used sharps. A small amount of medicines was found in an unlocked cabinet in the room. The SI said that the consultation room was usually kept locked when not in use. He said that he would ensure that the medicines and clinical waste was secured in the room. Lockable cabinets were available. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

## Principle 4 - Services ✓ Standards met

### Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy generally manages its services well. The pharmacy gets its medicines from reputable suppliers. And it responds to drug alerts and product recalls adequately. This helps make sure that its medicines and devices are safe to use.

### Inspector's evidence

There was small step up to the pharmacy through a wide entrance. The pharmacy team had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. A variety of patient information leaflets were available. Services and opening times were clearly advertised. Two of the pharmacists employed at the pharmacy could provide the travel vaccination service.

The SI said that he checked monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin. But a record of results was not kept. This could make it harder for the pharmacy to monitor people's previous blood test results. The pharmacist said that prescriptions for schedule 3 and 4 CDs were routinely highlighted. There were no prescriptions for these items waiting collection. The pharmacist said that CDs and fridge items were checked with people when handing them out. The pharmacist said that the pharmacy supplied valproate medicines to a few patients. The pharmacy had the patient information leaflets available. But it did not have the warning cards. The SI said that he would contact the manufacturer to request more.

Stock was stored in an organised manner in the dispensary. The pharmacist said that expiry dates were checked every three months and that this activity was recorded. But the record was not kept at the pharmacy. Short-dated stock was not marked. There were a few date-expired items found in with dispensing stock. There were several foil packs not kept in original packaging. There were some dispensing bottles with medicines. The batch number or expiry date of the medicine was not available. The SI said that he would ensure that medicines were kept in appropriately labelled containers and he would implement a more reliable expiry date checking system.

The SI said that part-dispensed prescriptions were checked daily. 'Owings' notes were provided, and people were kept informed about supply issues. Prescriptions for alternative medicines were requested from prescribers where needed. The pharmacy kept copies of expired prescriptions so that the person could be informed that they needed a new prescription. The pharmacist said that she would not dispense from these copies. There were several expired prescriptions in the retrieval system. The SI said that uncollected prescriptions were checked every three months. He said that uncollected items were returned to dispensing stock where possible. There were several expired prescriptions in the retrieval system. And one prescription found had not been signed by the prescriber. The SI said that he would ensure that prescriptions were removed from the retrieval system promptly to help minimise the risk of these medicines being supplied when the prescription was no longer valid.

Prescriptions for people receiving their medicines in multi-compartment compliance aids were ordered in advance so that any issues could be addressed before they needed their medicines. Prescriptions for 'when required' medicines were not routinely requested; the SI said that people contacted the pharmacy when they needed these. The pharmacy kept a record for each patient which included any

changes to their medication. Compliance aids were suitably labelled and there was an audit trail to show who had dispensed and checked each compliance aid. Medication descriptions were put on the compliance aids. Patient information leaflets (PILs) were not routinely supplied. The SI said that he would ensure that these were supplied in the future.

CDs were stored in accordance with legal requirements and they were kept secure. Denaturing kits were available for the safe destruction of CDs. CDs people had returned, and expired CDs were clearly marked and segregated. The SI said that a register was available to record returned CDs. But this could not be found during the inspection. He said that he would order a new register if he could not find it following the inspection.

Deliveries were made by one of the pharmacists. The pharmacy did not obtain people's signatures for deliveries. This could make it harder for the pharmacy to show that the medicines were safely delivered. The SI said that he would ensure that signatures were recorded, and that people's personal information would be protected. The pharmacist said that all deliveries were local to the pharmacy.

Licensed wholesalers were used for the supply of medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA via email. The pharmacist said that these were actioned. But no record of any action taken was kept, which could make it harder for the pharmacy to show what had been done in response. The SI said that he would ensure that the pharmacy kept a record.

The pharmacy had the equipment installed in preparation for the implementation of the EU Falsified Medicines Directive. The superintendent pharmacist said that he was in the process of writing a SOP and would ensure that all team members received training on how to use the equipment.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the equipment it needs to provide its services safely.

### Inspector's evidence

Up-to-date reference sources were available in the pharmacy and online. Suitable equipment for measuring medicines was available. The pharmacy did not have triangle tablet counters available. The SI said that he used paper when counting methotrexate. And disposed of this in the clinical waste after. He said that he would purchase triangle tablet counters and mark one for methotrexate use only.

The pharmacist said that the blood pressure monitor had been in use for around eight months. The weighing scales in the shop area were calibrated by an outside agency. The phone in the dispensary was portable so could be taken to a more private area where needed. The shredder was in good working order.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. But the thermometer could not accurately measure temperatures between each whole degree. There was a slight build-up of ice on the back wall. Medicines were not touching the ice. The SI said that he would ensure a digital thermometer was ordered.

### What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.